



Michigan Department of Human Services
CHILD DEVELOPMENT AND CARE
APPLICATION FOR INTERNET
BILLING PASSWORD

Mail Completed form to:
CUSTOMER SERVICE
DEPARTMENT OF HUMAN SERVICES
PO BOX 30037
LANSING, MI 48909-7537

To the Day Care Provider: Please complete and sign this form to apply for a password to be used by your child care facility to submit billing information to the Department of Human Services (DHS) electronically. Your password will be mailed to you at the address DHS has on file for you or the licensee of your child care facility. You must read and agree to the following certifications:

I certify that I have read and understand the appropriate DHS provider handbook and that:

- I understand that I am responsible for all use of the DHS billing web site by anyone using my password. I will limit access to my password to only individuals designated by me to act as my representative.
- If I believe that a person not authorized to act as my representative has obtained my password, I will immediately change my password or contact the DHS Customer Service Unit at (800) 444-5364 to request that my password be reset.
- Child care billing information submitted electronically using my provider ID Number and password will be true and accurate to the best of my knowledge based on available information.
- I do not and will not charge the DHS more than I charge the general public.
- I keep permanent and accurate records for four years of daily attendance of all children served. These records indicate the time each child arrived and departed.
- The parents of the children in care have unlimited access to their children while they are in my care.
- I understand that if benefits are overpaid for any reason, the extra payments received will have to be repaid. If intentional misrepresentation caused the overpayment, the responsible party including any adult in the program group or the group's authorized representative or provider of goods or services may be prosecuted for fraud.

Child Care Facility Name:	Signature:
Provider ID Number:	Printed Name of Signer*:
Telephone Number:	Date:

*Centers and homes: signer must be the licensee – Day Care Aides and Relative Care Providers: signer must be the provider

The Department of Human Services (DHS) will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc. under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your county.	AUTHORITY: P.A. 280 OF 1939 COMPLETION: Mandatory PENALTY: Day Care Provider will not be able to bill electronically.
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